

HEALTH & WELFARE

C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director LESLIE M. CLEMENT - Administrator DIVISION OF MEDICAID Post Office Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-5747 FAX: (208) 364-1811

August 7, 2007

Stephenie Ellwood, Administrator Gables Special Needs I 840 1st Street Idaho Falls, ID 83401

Dear Ms. Ellwood:

On July 27, 2007, a complaint investigation survey was conducted at Gables Special Needs I - Gables Management, LLC. The survey was conducted by Polly Watt-Geier, MSW. This report outlines the findings of our investigation.

Complaint # ID00002838

Allegation #1:

The facility is operating without a license.

Findings:

The facility is currently in the process of becoming licensed through the licensing and

survey agency.

Conclusion:

Substantiated. However, the facility was not cited as they acted appropriately by beginning

the licensing process to become licensed by the licensing and survey agency.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

POLLY WATT-GEIER, MSW

Team Leader

Health Facility Surveyor

Residential Community Care Program

PWG/sc

c:

Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program Polly Watt-Geier, MSW, Health Facility Surveyor